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Bib Data Sheet

CONFIRMATION NO. 1020

SERIAL NUMBER 09/746,592	FILING DATE 12/21/2000 RULE	CLASS	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 10257/7
APPLICANTS Henry B. Strub, Lincolnwood, IL; Stepanie B. Woodson, Chicago, IL; Joshua D. Barr, Evanston, IL; Alan S. Drimmer, Chicago, IL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/31/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY IL	SHEETS DRAWING 19	TOTAL CLAIMS 26
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 6
ADDRESS 757				
TITLE Administrator and instructor course management application for an online education course				
FILING FEE RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1020

SERIAL NUMBER 09/746,592	FILING DATE 12/21/2000 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 10257/7
APPLICANTS Henry B. Strub, Lincolnwood, IL; Stepanie B. Woodson, Chicago, IL; Joshua D. Barr, Evanston, IL; Alan S. Drimmer, Chicago, IL;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/31/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 19	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 6				
ADDRESS Kent E. Genin Brinks Hofer Gilson & Lione P.O. Box 10395 Chicago, IL 60610				
TITLE Administrator and instructor course management application for an online education course				
FILING FEE RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	